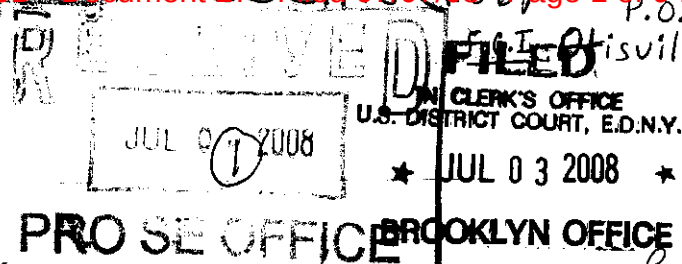


Honorable Raymond J. Dearie  
U.S. Courthouse  
225 Cadman Plaza East  
Brooklyn, N.Y. 11201

Case 1:00-cr-00016-RJD Document 27 Filed 07/07/08 Page 1 of 9 PageID #: 1

Jack Manning #54582-053  
P.O. Box 1000  
Ft. Erie, N.Y. 10963



★ JUL 03 2008 ★ 6-18-08

Dear Judge Dearie,

I'm sure this may seem to you one of many letters that you receive asking for a reconsideration of a sentence that you've imposed on a defendant. It is at this juncture of my life that I attempt to appeal to your benevolence. I'll try and make this short and to the point.

On Dec 10<sup>th</sup> 1999 I was arrested on bank robbery charges. No weapon was ever used, and no one was ever injured. I was charged as a career offender and sentenced in your courtroom to 151 months, and even though everyone thought the sentence was a bit harsh for the crime I was none the less appreciative to you for imposing the low end because you held the option to go as high as 188 months. As lengthy as I always thought the 151 months was,

I came to understand and accept the purpose of such a sentence; and that was to protect and serve the public by keeping me off the street.

Regardless of the circumstances in my life before my arrest, the course of action I took was inexcusable, and the 151 months I came to realize was just.

It is the circumstances of these last 3 years of my life that I wish to convey to you.

Events that have profoundly changed my outlook on life, and the manor in which I plan to continue to live it.

②

It started in July of 2004 when it was revealed to me that my Mother, whom I loved so dearly was diagnosed with small-cell lung cancer.

She fought that battle courageously and suffered fiercely for 15 months. On Oct. 24<sup>th</sup> 2005 she passed away at age 57. My family along with the Archdiocese of N.Y. tried to get the U.S. Marshals to escort me to the funeral, but our request was denied for whatever reason.

The death of my Mother was extremely difficult to deal with in a prison environment, but I was able to get through it with many phone calls, and visits from my family and friends.

On Oct. 24<sup>th</sup> 2006, the one year anniversary of my Mother's death I was dealt with another blow. I was diagnosed with colon-cancer and sent to Butner Federal Medical Center in N.C. for surgery and treatment for 7 months.

Since my arrest in Dec. of 1999 I've been complaining to the medical staff that I was having blood in my stool almost everytime I used the bathroom. When you sentenced me in 2001 I was sent to Lewisburg Penitentiary where I continued my complaints about the blood; (all complaints are documented from the very beginning are in my B.O.P. medical file); Finally, after complaining for almost 7 years, I was given a colonoscopy in which a large tumor was discovered. A biopsy was taken, and it came back cancer.

③

All colon cancer starts out as a polyp; if a colonoscopy was given to me 8½ years ago when I started my complaints, it would of discovered the polyp and removed it before it turned cancerous and this whole mess could of been avoided.

When I was at Butner F.M.C. I had a surgery that removed ½ of my rectum, and a large portion of my colon that's left me the problem of incontinence. My other complication has left me unable to ever ejaculate again; thus eliminating my life long hopes of ever having my own children.

I get somewhat angry at times because I know now that this could of all been avoided if I'd had a colonoscopy 8½ years ago, but whats done is done and I'm trying my best to adjust to to way life is going to be for me from now on.

As I've stated at the beginning of this letter; it is at this juncture of my life that I attempt to appeal to your benevolence.

I was going to write about my efforts on post-conviction rehabilitation; but that pales in comparison to what I've been going through these past few years.

Life I've come to realize is far too short, and far too precious to squander away in prison.

(4)

What worries me the most is what I'm reading and learning about colon-cancer.

Leonard Saltz; a colorectal cancer expert at Memorial Sloan-Kettering Cancer Center is quoted as saying; "Although patients can often be cured of their original tumors, most patients have had relapses occur within 2½-3 years after the original tumor." (Source - <sup>USA</sup> Today 3-29-07)

52,000 Americans die every year from this disease, and if my time here on this earth should be limited I would want to spend it being as productive as possible.

I've been a liability to the system, and to my family for too many years and I'm anxious to prove that I can be an asset.

My Father has stage III emphysema, and the time that he is going to need special care is fast approaching. My 23 year old sister has been juggling full-time college, and full-time work. I would love to alleviate the work burden on her and have her focus just on her studies.

On my 151 month sentence; with good-time, and half-way house deductions I would have to serve 126 months. I have already served 103 months on my sentence, and I have less than 2 years to my half-way house.

It is at this time that I implore you for some kind of relief from the remainder of my sentence. Be it in the form of a reduction, or maybe house-arrest, where I would only be permitted to leave the house for work, and medical visits only.

(5)

I'm sure there may be options at your disposal that I'm not even aware of. Be that as it may, I assure you that any relief at all on the remainder of my sentence would not go to waste. I am a master electrician and I would have no problem obtaining employment if I was released today. I would also be able to take care of my medical cancer testing; in which my current place of incarceration Otisville F.C.I (N.Y.) is failing to give me my surgeon ordered yearly colonoscopy. I'm six months late and still waiting. (Here we go again right?).

If I am to be besieged with the statistical probability of whatever time this disease allows me to have left, then I would hope that time, however long, to be as meaningful as possible.

I beg for your help to make this a reality. Thank you for your time, and any help in this matter will be greatly appreciated by many.

Sincerely,

Jack Mannino  
#54582-053

11-14-2006 Chest X-Ray  
Transfer Summary  
Mannino, Jack  
54582-053  
Page 2 of 2

**Medications:**  
lovastatin 20mg by mouth nightly

**Condition Upon Discharge:**  
Good.

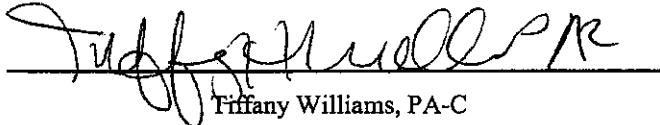
**Code Status:**  
Full.

**Recommendations and Follow-up:**

CEA every three months with or without Liver function tests and CBC for 3 years, then every 6 months for 2 years and then annually. Any abnormalities should be investigated. A colonoscopy ~~should be~~ scheduled yearly (next due 01/08). His other medical conditions should be managed routinely in chronic care clinic.

JW/TW  
tac

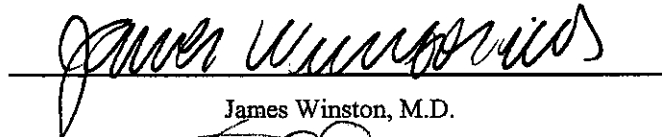
Dictated by:

  
Tiffany Williams, PA-C

Date:

3/20/07

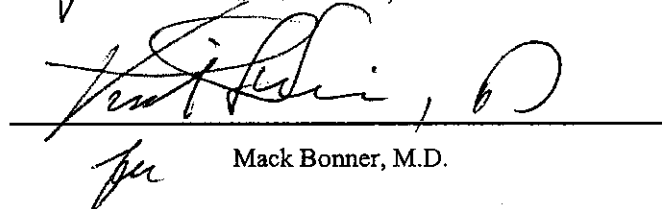
Physician:

  
James Winston, M.D.

Date:

3/20/07

Clinical Director:

  
Mack Bonner, M.D.

Date:

3/21/07

As you can see I needed to have my colonoscopy on 1-2008, it's now 6-2008 and I'm 6 months late. This is very serious business, and could be very dangerous. The B.O.P. is extremely incompedent in these matters



BP-S622.060 RADIOLOG  
JUL 99  
U.S. DEPARTMENT OF J

*As of this date 6-18-08 the hypodensities, and possible cyst's have gone uninvestigated. This could be serious, I need to be home so I can get all this screening done the right way.*

**Patient Identification:**  
Register Number, Date of Birth, Inst

MANNINO, Jack  
54582-053  
05-04-68  
FMC Butner

Diabetic:

Unit: *4B*

Requested By:  
WINSTON MD

Date Requested:  
01-17-07

**History/Indications for Study:**

*status post colon resection two weeks ago for cancer, rectal pain, rule out abscess*

Date of Study:  
01-18-07 [Thursday]

Date Dictation Received:  
01-18-07 [Thursday]

Date Dictation Transcribed:  
01-21-07 [Sunday]

Film:

**RADIOLOGIC REPORT**

**Procedure:**

**Comparisons:**

**FINDINGS**

**Abdomen CT:**

Imaged portions of the lung bases are clear. There is a less than 1 cm subcapsular hypodensity in the spleen inferiorly, unchanged. The liver, pancreas, gallbladder and adrenal glands are unremarkable. A small hypodensity is again noted in the left kidney, most likely a cyst but too small to fully characterize. No adenopathy identified.

A small amount of retrocolic fluid/stranding is present bilaterally. A gallstone is confirmed on the current examination.

**Pelvis CT:**

Evidence of interval rectal surgery in terms of an anastomotic suture line is present. At and just superior to the suture line, interposed between the sacrum and the remaining rectosigmoid colon is a 4.5 x 3 cm heterogeneous fluid collection. This has a surrounding wall which appears to contrast enhance. No internal gas is noted.

No free pelvic fluid identified.

There are two small collections of gas within the urinary bladder. No Foley catheter demonstrated. The prostate gland is minimally enlarged.

**IMPRESSION**

1. Since 11-16-06, interval rectal surgery with development of a presacral heterogeneous 4.5 x 3 cm fluid collection at and just superior to the anastomotic suture line. The heterogeneous appearance suggests that this may in part at least represent evolving hematoma, superimposed infection could not be excluded.
2. Small amount of gas within the urinary bladder. Recent catheterization versus bladder infection with gas-forming organism. Fistula to the bladder not completely excluded but no direct evidence for that otherwise.
3. Small stable splenic hypodensity as previously discussed.
4. Cholelithiasis.
5. Small left renal hypodensity, too small to fully characterize but most likely representing a small cyst.
6. Interval development of minimal bilateral retrocolic fluid/stranding, nonspecific.

**Comment** - Report called. I did discuss the results at this time with Dr. Winston.

Signature:

*[Signature]*  
SAMUEL BONE, M.D.

Location of Radiologic Facility  
FMC Butner

## Dr. Andrew Russo

Family Practice  
Sports Medicine

433 77<sup>th</sup> Street  
Brooklyn, N.Y. 11209  
718-238-1155

6/28/2007

To whom it may concern:

Mr. Mannino has sent me a copy of his medical records from the Federal B.O.P. and has asked me to assess a prognosis and make a determination as to the impact of further incarceration to Mr. Mannino's health.

Upon reading Mr. Mannino's medical file, I was somewhat dismayed to see just how long his complaints of rectal bleeding have gone unattended. His Cancer could have been easily avoided had he be given a colonoscopy 7 years ago.

Mr. Mannino's current problems are complications post surgery. His main complaint is incontinence, which I'm sure is difficult and quite embarrassing to deal with in a prison environment. If Mr. Mannino was home I would suggest certain diet that I would imagine is inaccessible in prison. His current diet from what I have been told is deplorable. By adhering to a certain diet it is possible to control his incontinence and even though we might not cure it, we could at least try and get him to discontinue his use of diapers.

As for testing, the Federal B.O.P. is not aggressive enough. Mr. Mannino should have CEA and PSA blood level testing every 3 months for the first 3 years and colonoscopy's every 6 months for the first 3 years.

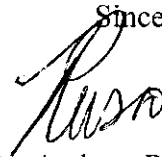


The reoccurrence of colon cancer can be best fought by the earliest detection, and this can only be achieved by the most aggressive testing.

As for Mr. Mannino's inability to ejaculate, I would schedule him to see a urologist to go over certain therapy that is currently available to try and reverse this problem which is an unfortunate by-product of his bowel resection surgery.

In my opinion, a much better quality of life could be possible for Mr. Mannino's future if he had access to the health care community outside of prison. If there is any way I can help or if you have any questions or concerns please feel free to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Russo', written over the word 'Sincerely,'.

Dr. Andrew Russo

**DR. ANDREW RUSSO  
433 77 TH STREET  
718 238 1155**